



PROPOSED RULE-MAKING
(RCW 34.05.320)

CR-102 (7/23/95)

Agency: Public Disclosure Commission

- ☒ Original Notice
☐ Supplemental Notice
to WSR _____
☐ Continuance of WSR

Preposal Statement of inquiry was filed as WSR 00-16-145; or

☐ Proposal is exempt under RCW 34.05.310(4).

(a) Title of rule (Describe Subject):

WAC 390-24-010 Forms for statement of financial affairs.

Purpose: To implement privacy concerns by eliminating the need for filers to identify dependent children who are not employed and do not have other reportable assets or liabilities and by requesting the contact telephone number for the filer.

Other identifying information:

(b) Statutory authority for adoption:

RCW 42.17.370(1)

Statute being implemented:

RCW 42.17.240

(c) Summary:

Every elected official, candidate, and executive state officer is required to file a statement of financial affairs with the Commission. This rule would eliminate the need for persons filing statements of financial affairs to identify dependent children who are not employed and do not have other reportable assets or liabilities.

Reasons supporting proposal:

The rule is consistent with the Governor's Executive Order 00-03 and other privacy concerns expressed by the Commission. The statement of financial affairs is designed to disclose the financial interests and holdings of filers and their immediate family members. No overriding public policy purpose is served by requiring the identity of dependents who are not employed and do not have other reportable assets or liabilities.

(d) Name of Agency Personnel Responsible for:

		Office Location	Telephone
1. Drafting	Doug Ellis	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-2735
2. Implementation	Doug Ellis	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-2735
3. Enforcement	Phil Stutzman	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-8853

(e) Name of proponent (person or organization):

Public Disclosure Commission

- ☐ Private
☐ Public
☒ Governmental

(f) Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

(g) Is rule necessary because of:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Citation:
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

(h) Hearing location:

Commission Hearing Room
Evergreen Plaza Building
711 Capitol Way, Room 206
Olympia, WA

Date: October 24, 2000

Time: 9:00 a.m.

Assistance for persons with disabilities: Ruthann Bryant (360) 753-1111

Submit written comments to:

Doug Ellis
Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908
Fax (360) 753-1112 by October 20, 2000

DATE OF INTENDED ADOPTION:

October 24, 2000

NAME

Vicki Rippie

SIGNATURE

TITLE Executive Director

DATE

9/20/00

CODE REVISER USE ONLY

SEP 20 2000

11:59

00-19-116

(j) Short explanation of rule, its purpose, and anticipated effects:

This rule would eliminate the need for persons filing statements of financial affairs to identify dependent children who are not employed and do not have other reportable assets or liabilities. The rule amendment is consistent with Executive Order 00-03 signed by the Governor on April 25, 2000.

Does proposal change existing rules: ☒ **YES** ☐ **NO** If yes, describe changes:

This rule would eliminate the need for persons filing statements of financial affairs to identify dependent children who are not employed and do not have other reportable assets or liabilities.

The rule also provides for a contact telephone and a room number change.

(k) Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ **YES. Attach copy of small business economic impact statement.**
A copy of the statement may be obtained by writing to:

☒ **NO. Explain why no statement was prepared.**

The implementation of this rule does not impact small businesses. It would only apply to individuals filing statements of personal financial affairs.

(l) Does section 201, chapter 403, Laws of 1995, apply to this rule adoption? ☐ **Yes** ☒ **No**
Please explain:

The PDC is not an agency listed in subsection (5)(a)(i) of section 201. Further, the PDC does not voluntarily make section 201 applicable to this rule adoption pursuant to subsection (5)(a)(ii) of section 201, and to date JARRC has not made section 201 applicable to this rule adoption.

AMENDATORY SECTION (Amending WSR 97-23-020, filed 11/10/97)

WAC 390-24-010 Forms for Statement of Financial Affairs. The official form for statements of financial affairs as required by RCW 42.17.240 is designated "F-1", revised ((11/97)) 11/00. Copies of this form are available at the commission office, 711 Capitol Way, Room ((403)) 206, Evergreen Plaza Building, P O Box 40908, Olympia, Washington 98504-0908. Any attachments must be on 8-1/2" x 11" white paper.

711 CAPITOL WAY RM 403
PO BOX 40000
OLYMPIA WA 98504-0000
(360) 753-1111

PDC FORM

F-1

(11/87)

**PERSONAL FINANCIAL
AFFAIRS STATEMENT**P
M
A
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K

R
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PDC OFFICE USE

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials—by April 15. Candidates and others—within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION.

**DOLLAR
CODE****AMOUNT**

A \$1 to \$2,999
B \$3,000 to \$14,999
C \$15,000 to \$29,999
D \$30,000 to \$74,999
E \$75,000 or more

Last Name	First	Middle Initial	Names of Spouse and Dependents	Political Party If partisan office or pertinent to appointment
Mailing Address				
City	County	Zip + 4		

Filing Status (Check only one box.)

- ☐ An elected official or state appointed official filing annual report
- ☐ Final report as an elected official. Term expired _____
- ☐ Candidate running in an election: month _____ year _____
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title _____

County, city, district or agency of the office,

name and number: _____

Position number _____

Term begins: _____ ends: _____

1**INCOME**

List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show: Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was EarnedAmount:
(Use Code)Check here ☐ if continued on attached sheet**2****REAL ESTATE**

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount—(Use Code) Original Current
All Other Property Entirely or Partially Owned					

Check here ☐ if continued on attached sheet

3 ASSETS / INVESTMENTS—INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

- A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.
- B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.
- C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.

Type of Account or Description of Asset

Asset Value
(Use Code)Income Amount:
(Use Code)Check here ☐ If continued on attached sheet**4 CREDITORS**

List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in item 2.

AMOUNT
(USE CODE)

Creditor's Name and Address

Terms of Payment

Security Given

Original

Present

Check here ☐ If continued on attached sheet**5** All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? _____ If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? _____ If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? _____ If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? _____ If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? _____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Daytime Telephone: ()

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

LAST NAME	FIRST	MIDDLE INITIAL	DATE
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- A OFFICES HELD, BUSINESS INTERESTS:** For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner—provide the following information:
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$7,500 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting for: Self _____ Spouse _____ Dependent _____

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

ENTITY NO. 2

LEGAL NAME:

TRADE OR OPERATING NAME:

ADDRESS:

Reporting for: Self _____ Spouse _____ Dependent _____

POSITION OR PERCENT OF OWNERSHIP

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

B LOBBYING

List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

Check here ☐ if continued on attached sheet

C FOOD TRAVEL SEMINARS

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received

Donor's Name, City and State

Brief Description

Actual Dollar Amount

Value (Use Code)

Check here ☐ if continued on attached sheet

PDC FORM

F-1

(11/00)

**PERSONAL FINANCIAL
AFFAIRS STATEMENT**

PDC OFFICE USE

P
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K

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V
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D

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a
 candidate or being newly appointed to a position.

DOLLAR
CODE

AMOUNT

A	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial

Mailing Address (Use PO Box or Work Address)

City County Zip + 4

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.

Filing Status (Check only one box.)

- ☐ An elected or state appointed official filing annual report
☐ Final report as an elected official. Term expired: _____
☐ Candidate running in an election: month _____ year _____
☐ Newly appointed to an elective office
☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: _____
 County, city, district or agency of the office,
 name and number: _____
 Position number: _____
 Term begins: _____ ends: _____

1

INCOME

List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S)
 Spouse (SP)
 Dependent (D)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
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Check Here ☐ if continued on attached sheet

2

REAL ESTATE

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned				

Check here ☐ if continued on attached sheet

CONTINUE ON REVERSE

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.			

Check here ☐ if continued on attached sheet.

4**CREDITORS**

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**AMOUNT
(USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here ☐ if continued on attached sheet.

5

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filling your initial report, no F-1 Supplement is required.

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- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ☐ If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? ☐ If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ☐ If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ☐ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? ☐ If yes to either or both questions, complete Supplement, Part C.

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- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Contact Telephone: ()

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 403
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

PDC FORM
F-1
SUPPLEMENT
(11/97)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

LAST NAME	FIRST	MIDDLE INITIAL	DATE
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- A OFFICES HELD, BUSINESS INTERESTS:** For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner—provide the following information:
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$7,500 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

LEGAL NAME:

TRADE OR OPERATING NAME:

ADDRESS:

Reporting for: Self _____ Spouse _____ Dependent _____

POSITION OR PERCENT OF OWNERSHIP

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

ENTITY NO. 2

Reporting for: Self _____ Spouse _____ Dependent _____

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**B LOBBYING**

List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

Check here ☐ if continued on attached sheet**C FOOD TRAVEL SEMINARS**

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received

Donor's Name, City and State

Brief Description

Actual Dollar Amount

Value (Use Code)

Check here ☐ if continued on attached sheet